TWI D. LEE(2) IWWI2MHIIWE

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INSTRUCTIONS: This for	(52, 5	<u></u> [2]		Fax (703) 746-4000 PUBLICATION FEE (if req	uired). Blocks 1 through 5 s	should be completed where	
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9/09/2005 MAHMED2 0000		Date of Deposit with USPS: September 6, 2005					
01 FC:1501 1400.00 DP 2 FC:1504 300.00 DP 03 FC:8001 15.00 OP		Person making Deposit: Steve Wong					
APPLICATION NO.	FILING DATE	FIRST NA		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
CIRCUIT BOARDS				LOCK SIGNALS AND DATA		10	
APPLN. TYPE	SMALL ENTITY NO	ISSUE FEE \$1400		PUBLICATION FEE \$300	TOTAL FEE(S) DUE \$1700	DATE DUE 09/06/2005	
				Y	\$1700 ¬	07/00/2003	
EXAMINER HA, DAC V		ART UNIT 2634		375-283000	_		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
(A) NAME OF ASSIGNE	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app T a substitute B) RESIDENC	T (print or type) Dear on the patent. If an assign for filing an assignment. CE: (CITY and STATE OR CO.) Idaho		document has been filed fo	
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4a. The following fee(s) are o	enclosed: nall entity discount permitte	46	b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-1469 (enclose an extra copy of this form).				
5. Change in Entity Status	(from status indicated above MALL ENTITY status. See 2)	_	cant is no longer claiming SMA			
				ny) or to re-apply any previous e other than the applicant; a re-			
Authorized Signature	Jeff on or	lichelse	<u> </u>	Date	September 6, 2		
Typed or printed name	Jeff M. Mich	elsen		_ Registratio	n No. 50,978		
an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313-1	ty is governed by 35 U.S.C. plication form to the USPTO for reducing this burden, sh nia 22313-1450. DO NOT \$1450.	122 and 37 CFR O. Time will vary ould be sent to the SEND FEES OR C	1.14. This col depending up e Chief Infort COMPLETEI	to obtain or retain a benefit by llection is estimated to take 12 pon the individual case. Any of nation Officer, U.S. Patent and D FORMS TO THIS ADDRES lection of information unless i	the public which is to file (and minutes to complete, including minutes to complete, including the minutes on the amount of the distribution of the trademark Office, U.S. Depos. SEND TO: Commissioner	ng gathering, preparing, and me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450	